

VOLUNTARY ADDITIONAL CONTRIBUTION FORM
(To be used when a member is forwarding "additional contributions")

To be completed by the member (please print)

Member Name: _____ **Social Security No.:** ____ - ____ - ____

Member Mailing Address: _____

Member Telephone Number: _____

Employee plan: _____

(Employee, Teacher, Police or Fire)

Employed By: _____

Employer Number: _____

Amount Enclosed: \$ _____

Notes:

1. Make check payable to: "New Hampshire Retirement System"
2. Mail to:
54 Regional Drive
Concord, New Hampshire 03301
3. A completed copy of this form will be returned to you for your records.

For NHRS purposes only

Date Received: _____ **Date of Deposit:** _____

Check Number: _____ **Bank Name:** _____

Month Credited: _____ **Processed By:** _____